Approved for ten through 7/31/2003. CMB 0361-0003 U.S. Poloni and Tradoman Onto, U.S. DEPARTMENT OF COMMERCE Under the Propertiest Reduction Aed of 1883, no percess on required to respond to a controllies of info

P	theta	appl	ICAT	on fee	90	TERMINAT	100	h recor	10	11100011	A	880,0	Digus at Doction	All control of the state of the	num
	 		300	ediquao los F	<u>om</u>	PIO-075 E	ffec	live Decemb	अ 8. :	\$00 ⊲		<u>ک</u>	2/2	$\leq > 1$	X
APPLICATION AS FILED - (Calumn 1)					PART ((Column 2)			SMALL ENTITY			c	æ	OTH SMAI	IER THAN LL ENTIT	۸ ۹
FOR		NUMBER FILED			NUMBER EXTRA			RATE (T	EEE A				1	
8ASIC FEE (37 CFR 1 16(4), (6)	. œ (c))	NA			N/A		7	N/A	"	FEE &			RATE (\$)	300.	E (8)
SEARCH FEE (37 CFR 1 16(k), (i), or (m))		N/A				N/A		NA	7	\$250	7		NIA	\$500	
EXAMINATION FEE (37 CFR 1 16(0), (p), or (q))				'N/A		7	NA \$100		7		N/A	\$200	_		
TOTAL CLAIMS (37 OFR 1 16(1))			s 20 e			1	XS 25			┨ .	_ }	X350	\$200		
INDEPENDENT CLAIMS (37 CFR 1 16(N))		, minus 3 =		. 3 .			1	X100	\uparrow		- °	* }	ሃ 2ብስ	<u>'</u>	
APPLICATION SUFFEE (37 CFR 1 16(6))	ZE S	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (c)				size fee due or each thereof See							A200 ,	<u>'</u>	
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16)								♦180 □					♦3/60 °	 	
* If the diffarence in	n column 1	is loss the	an zero, e	enter "O" in co	umuk	n 2.		TOTAL	T		1	المعال	TOTAL	}	~
APF	PLICATIO	ON AS	AMENI	DED - PA	RTI	i			Compa					L	-
3-3-0	⊃ (Colum	na 1)		(Colum	n 2)	(Column 3)		SMALL	ENT	'ITV	OF	₹	OTHE	R THAN	
4	CLA REMA AFT AMEND	ER		HIGHES NUMBE PREVIOU PAID FO	UMBER VIOUSLY	PRESENT EXTRA		RATE (\$)	T ;	ADDI- TONAL		[SMALL RATE (\$)	ADOI-	AL.
Total (37 CFR 1.18(1)) Independent (37 CFR 1.18(1)) Application Size	[2	8	Minus	12				X\$ 25 _	+	EE (S)	OR	1,	(\$50 <u> </u>	FEE (5)
Independent (37 CFR 1,16h))		Minus					5	X100 _	1		OR OR	\vdash	X200 _	7	_
Application Size Fee (37 CFR 1.16(s))											\vdash				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(j))								÷180=			OR		÷360=		
TH/ H	M7	. N(74	5,V J	9			TOTAL ADD'L FEE			OR		OTAL DO'L FEE		-
	. (Column			(Column	2)	(Column 3)		-			•				-
Total	REMAIN AFTE AMENDA	NING R MENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE (\$)	TK	DDI- DNAL E (\$)			RATE (S)	ADDI- TIONAL FÉE (8)	
O7 CFR 1.18(II)			Minus			•		X\$ 25 .			OR	X	§50 .	(a)	\dashv
OT CPR 1.1Qh))		- 1	Minus			a		X100			OR ·		200		╣
															\dashv
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)								÷180=			OR .	+	360=		7
•							T	OTAL DD'L FEE			OR -		TAL		\exists
of the entry in co	dumn 1 is la	es than ti	he entry	in column 2,	write	"O" in cotumn 3.						AU	D'L FEE	·	4

with Trighest Number Previously Paid For In This SPACE is less than 3, enter 3.

If the Highest Number Previously Paid For In This SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the frighest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. DEPTO to process) an application. Commentually is governed by 30 U.S. V. 122 and 31 U.R. 1.14. This collection is estimated to take 12 minutes to compaste, including gethering, preparing, and submitting the compasted application form to the USPTO. Time will vary depending upon the individual case. Any comments as the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Potent Ond Trodemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22319-1460.